

HIV Prevention and Care Services Contractor Meeting

Wednesday, September 5, 2018, 9:30 a.m.

Courtyard Marriott, on Brook Road, Glen Allen, VA

Richmond, VA 23059

Meeting Notes

- **Welcome/Introductions/Announcements** – *Lenny Recupero & Beth Marschak*
 - FAHASS is holding its first ball for National Gay Men's HIV Awareness Day
 - Virginia Gets Tested community materials are available in the lobby
- **Virginia ADAP: Virginia Medicaid Expansion and ACA Open Enrollment** – *Kimberly Scott, HCS Director & Julie Karr, ADAP Operations Specialist*
 - HIV Care Services shared updated totals for various programs:
 - Total enrollment: 7122
 - Direct ADAP: 2135
 - MCAP: 648
 - ICAP: 774
 - ACA HIMAP: 3615
 - New formulary includes several new drugs
 - ACA Update
 - Open enrollment will open on 11/1 and close on 12/15
 - VDH has been communicating with the Bureau of Insurance to obtain preliminary information on carriers and plans
 - Benalytics will assist again this year—they have already begun reaching out to folks. Letters will be sent prior to open enrollment.
 - Clients should communicate any premium changes are refunds/tax credits to VDH.
 - Medicare enrollment 10/15-12/7. Letters are being sent to clients now. Clients need to send front/back of Medicare card—the new card has a random number on it
 - Clients must also send the front/back of their Medicare Part C card for prescription assistance, proof of monthly premium, and proof of low-income subsidy (if applicable).
 - My Healthy State VA is new website for VA ACA and Medicaid enrollment.
 - Medicaid Expansion
 - HCS presented an overview of Medicaid and covered services.
 - HCS is looking into ways to wrap Ryan White services around Medicaid services—excited about new opportunities to work with DMAS and other state agencies.
 - Announcement: Medication Assisted Treatment is now available on the Ryan White formulary for those with opioid use disorder and some alcohol use disorders.

- Medicaid expansion stands to benefit an additional 400k people, including adult caretakers, childless adults, recipients of GAP and SNAP, pregnant women, the incarcerated, and others.
- Plan offering benefits will be Medallion 4.0—the next generation of Medicaid’s existing program. Medallion 4.0 will serve non-medically complex clients. Commonwealth Coordinated Plan (CCC+) will serve medically-complex clients.
- New initiatives with Medallion 4.0 include member engagement through social media/apps, long-acting reversible contraceptive for women, transition planning for teens, trauma informed care, infant and young child health, expanded services (including telemedicine), enhanced services (cell phones, vision, dental, swim lessons, meal delivery, hospital stays, etc.)
- Not all services will be offered across all 6 carrier plans—DMAS has been producing regional charts showing available services across different carriers.
- 3,895 ADAP clients will become eligible for Medicaid—about half are currently served by direct ADAP. The largest groups of these clients reside in Central and Eastern. About 1/4 of these clients are served by EVMS, another quarter served by either Inova or MCV.
- DMAS has 6 regions for Virginia—map is on DMAS website
- All eligible adults will receive care through a managed care organization (MCO)—Medallion is one such MCO
- HCS will focus on quality improvement programs and network adequacy.
- HCS presented Medicaid eligibility criteria for individuals and families:
 - Income at or below 138% FPL
 - Age 19-64
 - May not have or be eligible for Medicare or other 3rd party plan
 - No work requirement in first year according to DMAS—if work requirement is imposed, that will be focus of 2nd year. If work requirement instituted, VDH will seek exemption for HIV and TB patients under “medically frail” exemption.
- Webinars and presentations about carrier plans are available online. You can apply anytime online, over the phone, or in-person. Healthcare.gov will determine Medicaid eligibility and communicate with DMAS.
Clients must disenroll from current plan if they get Medicaid. Cover Virginia has translations into many languages.
- DMAS will assign plan first or SNAP members to an MCO, and client can choose another within 90 days. New members can pick plan in first 20 days of enrollment, or DMAS will assign one.
- MCOs must allow clients to continue with current providers for first 30 days, or go out of network if there are no available providers’ in-network.
- VDH is conducting a survey of whether providers are credentialed and contracted with various MCOs. Check if your clinicians are.
- There are upcoming webinars and town halls—the list is on DMAS’s website.

- Comment: Comparative brochure available for plan services
 - Question: How does so many clients coming off ACA impact rebates?
 - HCS is planning to re-fund some innovative interventions. Rebates are probably getting cut in half. Start talking with your contract monitors about sustainability planning. HCS is still determining what programs can be incorporated into core Ryan White funding, supplemental Part B funds, as well as coordinating with Part A partners in the Eastern TGA and Northern EMA.
 - Question: who is going to help incarcerated individuals enroll? CHARLI providers? DOC?
 - CHARLI providers will be doing that. Working with DOC or other correctional facilities to assist is also a good idea.
 - Diana Jordan: Important to note that Medicaid expansion also represents an unprecedented opportunity for people who are HIV-**negative**. Right now it looks like there is **no cost sharing** for clients. Also, there will be no disability determination, which should speed up processing time for new applicants.
 - Comment: If clients are disenrolled from ACA because of prospective Medicaid eligibility, but are then found ineligible, that would count as a special enrollment period to get them back on an ACA plan.
- **Agency Spotlight: Council of Community Services (CCS) and Lenowisco Health District - Harm Reduction Activity** – *Pamela Meador, Drop-in Center Director, CCS & Michelle McPheron, Nurse Manager, Lenowisco Health District*

Harm Reduction in SW Virginia: CCS

- CCS initiated a harm reduction pilot in 2014 under their AIDS Service and Education grant, providing HIV/HCV testing at drug treatment sites. Under this funding, they developed a curriculum and field guide. In 2017, REVIVE training was added to the program, and currently two lay trainers are on staff.
 - In winter of 2017, the harm reduction program began doing street outreach in SE Roanoke, which is the hub of drug activity in Roanoke.
 - Current sites in Roanoke, Tazewell, Buchanan, Galax, Salem, Russell, Clinch Valley, Cumberland
 - In 2017-18, CCS reached 1,400 people, distributed 350 wound care/safe injection kits, distributed 24,000 condoms, and held 42 harm reduction 101 sessions. The HCV positivity rate is 24%.
 - CCS's goal is to establish CHR as a mobile unit with 2 locations 2 days a week. In summer of 2017, the Roanoke Health Director and Mayor signed CHR letter of support— but no law enforcement will sign. However, independent community members have met with city council, and a new book, *Dopesick*, dealing with the deaths of 7 teenagers at Roanoke high schools, has drastically increased pressure on local officials
- Harm Reduction in SW Virginia: Lenowisco Health District
 - Lenowisco Health District has been receiving funding from NACCHO and CDC to develop a community-level response plan for HIV/HCV outbreak.

- With that funding, the district held a large-scale emergency response exercise and held town halls with community members.
 - Lenowisco received a 2nd NACCHO grant to build CHR program. Using this funding, they partnered with Higher Ground theater company to stage two showings of a play called *Needlework*, which showcases the human side of addiction, and partnered with Harm Reduction Coalition to hold patient navigator training
 - CHR program application was put in in March, and program started July 2.
 - Lenowisco program is a 1-1 exchange, and also offers supplies for safe injection
 - Program runs Monday, Tuesday, Thursday, Friday between 1:00p-3:00p
 - Program statistics
 - 24 unique participants
 - 47 total visits
 - 847 syringes dispensed
 - 2,108 syringes returned (249% return rate)
 - Data is being captured through RedCap
 - Age, ZIP, Drug of Preference, Sexual Orientation, Employment Status, Homelessness, Revive Training, Narcan dispersal, HAV/HBV vax status, HCV/HIV testing date/status, and more
 - Statistics
 - 71% female
 - 85% White, 5% Hispanic, 5% Asian
 - Clients served to date reside in 4 ZIP codes. This is important to capture, because the program in Charleston that we modeled served clients from 20+ ZIP codes—which had concerned local stakeholders given that the program is headquartered in the small town of Wise.
 - 57% homeowners, 19% homeless
 - 76% unemployed
 - 73% of clients use Rx opioids, and 64% inject. (Michelle will check if the data for route of administration is *preferred* or what is the deal with clients using exchange who do not acknowledge injecting).
 - 71% of clients have been trained in REVIVE—some clients have used their Narcan and requested more
 - 33% of clients are HCV positive.
- **Social Determinants of Health Workshop** – *Lauren R. Powell, PhD, MPA, Director, Office of Health Equity*
 - How do we explain the idea of social determinants of health to clients actually living under circumstances impacted by SDOH?
 - Health equity includes everything outside of your literal interactions with doctors that impacts your health.
 - Per Healthy People 2020: 5 elements of SDOH include neighborhood/environment, health/healthcare, social/community context, education, economic stability—this is a good start but doesn't encompass the entire range of determinants

- Research indicates that SDOH account for more than 50% of variation in population health outcomes.
 - Dr. Powell shows a slide including map of average life expectancy in Richmond neighborhoods—these variations can be traced back to the practice of redlining in Richmond.
 - A discussion of difference between equality and equity ensued.
 - Bringing health equity into a service delivery framework means considering the *individual* needs of each population, rather than providing the same support to all “marginalized” groups
 - Dr. Powell showed a depiction of the new Health Opportunity Index map, and broke down several indicators involved in the map.
 - Dr. Powell showed several bar graphs depicting public/private healthcare spending across developed nations, and healthcare/social care spending across developed nations
- Lunch (on your own)

Afternoon HIV Prevention Session

- **CDC 6-year 12-1201 Testing Outcomes comparing Virginia's outcomes with the national outcomes** – *Bryan Collins, DDP HIV Testing Team*
 - HIV Prevention services delivered a presentation on Virginia’s attainment toward HIV testing objectives in the past 6 years, including number of tests performed, and rates of linkage to care.
 - The presentation also included discussion of how testing technology and practices have changed over the 6-year period, and discussion about what might change in the next 6 years.
- **Round Robin Table Presentations Exercise: Developing Community Resources** – *MASS, Nationz, Serenity*
 - HIV Prevention engaged attendees in a roundtable discussion about the following question:
 - Service Navigators: How do you develop community resources?
 - Attendees formed three tables, and select agencies performing service navigation – MASS, Serenity, Nationz – rotated among all three tables to ensure that discussion included a variety of perspectives from across the state.